



Centers for Disease
Control and Prevention
National Center for Immunization
and Respiratory Diseases

Enhanced Pertussis Surveillance Case Report Form

A Component of the Emerging Infections Program Network

DEMOGRAPHICS

1 State ID

2 County

3 Status: Is the
Form Complete?

☐ Y: Yes
☐ N: No

4 State

5 Zip Code

6 Sex

☐ M: Male
☐ F: Female
☐ U: Unknown

7 Birth Date

Month Day Year

8 Age

0-120
999: Unknown

9 Age Type

☐ 1: 0-120 Years
☐ 2: 0-11 Months
☐ 3: 0-52 Weeks
☐ 4: 0-28 Days
☐ 9: Unknown

10 Race (check all that apply)

☐ N: Native Amer./Alaskan Native
☐ A: Asian/Pacific Islander
☐ B: African American☐ O: Other
☐ W: White
☐ U: Unknown

11 Ethnicity

☐ H: Hispanic
☐ N: Not Hispanic
☐ U: Unknown

12 Event Date

Month Day Year

13 Event Type

☐ 1: Onset Date
☐ 2: Diagnosis Date
☐ 3: Lab Test Done
☐ 4: Reported to County
☐ 5: Reported to State or
MMWR Report Date
☐ 9: Unknown

14 Date Reported to CDC

Month Day Year

15 Report Status

☐ 1: Confirmed
☐ 2: Probable
☐ 3: Suspect
☐ 9: Unknown

16 Final *BORDETELLA* Species

Identified by Laboratory Test for
Pertussis:

☐ 1: Pertussis
☐ 2: Parapertussis
☐ 3: Holmesii
☐ 4: Bronchiseptica

CLINICAL DATA

17 Any Cough?

☐ Y: Yes
☐ N: No
☐ U: Unknown

18 Cough Onset

Month Day Year

19 Paroxysmal Cough?

☐ Y: Yes
☐ N: No
☐ U: Unknown

20 Whoop?

☐ Y: Yes
☐ N: No
☐ U: Unknown

21 Posttussive Vomiting?

☐ Y: Yes
☐ N: No
☐ U: Unknown

22 Apnea?

☐ Y: Yes
☐ N: No
☐ U: Unknown

23 Number of Physician Visits
Prior to Diagnosis

0-98 Visits
99: Unknown

24 Cough at Final
Interview?

☐ Y: Yes
☐ N: No
☐ U: Unknown

25 Duration of Cough at
Final Interview

0-150 days
999: Unknown

26 Final Interview Date

Month Day Year

COMPLICATIONS

27 X-Ray for Pneumonia?

☐ P: Positive
☐ N: Negative
☐ X: Not Done
☐ U: Unknown

28 Seizures?

☐ Y: Yes
☐ N: No
☐ U: Unknown

29 Acute Encephalopathy?

☐ Y: Yes
☐ N: No
☐ U: Unknown

30 Died?

☐ Y: Yes
☐ N: No
☐ U: Unknown

31 Date of Death

Month Day Year

32 Hospitalized?

☐ Y: Yes
☐ N: No
☐ U: Unknown

33 Days Hospitalized

0-998 days
999: Unknown

34 Admission Date

Month Day Year

35 Discharge Date

Month Day Year

TREATMENT

36 Antibiotics Given?

☐ Y: Yes
☐ N: No
☐ U: Unknown

37 1st Antibiotic Received

☐ 1: Erythromycin
☐ 2: Clarithromycin/Azithromycin
☐ 3: Tetracycline/Doxycycline
☐ 4: Cotrimoxazole☐ 5: Amoxicillin/Penicillin/Ampicillin/
Augmentin/Ceclor/Cefixime
☐ 6: Other
☐ 9: Unknown

38 Date 1st Antibiotic Started

Month Day Year

39 Days 1st Antibiotic
Actually Taken

0-98 days
99: Unknown

40 2nd Antibiotic Received

☐ See Choices for 1st
Antibiotic Received

41 Date 2nd Antibiotic Started

Month Day Year

42 Days 2nd Antibiotic
Actually Taken

0-98 days
99: Unknown

LABORATORY

43 Was Laboratory Testing for Pertussis Done?

☐ Y: Yes
☐ N: No
☐ U: Unknown

44

| | Result | Date Specimen Taken | | |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Month | Day | Year |
| Culture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PCR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Serology 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Serology 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DFA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RESULT CODES

P: Positive
X: Not Done
N: Negative
S: Parapertussis
I: Indeterminate
U: Unknown
E: Pending
B: Bronchiseptica
H: Holmesii

VACCINE HISTORY

45 Vaccinated? (Received any doses of diphtheria, tetanus, and/or pertussis-containing vaccines)

☐ Y: Yes
☐ N: No
☐ U: Unknown

46 Number of Doses of Pertussis-Containing Vaccine Received?

☐ Range: 0–6
☐ 9: Unknown

47

| | Vaccination Date | | | Vaccine Type* | Vaccine Manufacturer† | Lot Number |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Month | Day | Year | | | |
| Dose 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dose 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dose 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dose 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dose 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dose 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* Vaccine Type Codes

W: DTP
B: DTP-Hib-HepB
A: DTaP
H: DTaP-Hib
D: DT or Td
T: DTP-Hib
P: Pertussis Only
X: Tdap
V: DTaP-IPV-Hep B
N: DTaP-IPV-Hib
K: DTaP-IPV
O: Other
U: Unknown

† Vaccine Manufacturer Codes

C: Sanofi Pasteur
L: Wyeth
S: GlaxoSmithKline
M: Mass. Health Dept
I: Michigan Health Dept.
N: North American Vaccine
O: Other
U: Unknown

48 (If Available) Reason for Inadequate Vaccination Coverage

☐ 1: Religious Exemption
☐ 2: Medical Contraindication
☐ 3: Philosophical Exemption
☐ 4: Previous Culture/MD Confirmed Pertussis
☐ 5: Parental Refusal
☐ 6: Age <7 months
☐ 7: Other
☐ 9: Unknown

EPIDEMIOLOGIC INFORMATION

49 Date First Reported to a Health Department

☐ ☐ ☐ ☐ ☐ ☐
Month Day Year

50 At Time of Illness Onset Was Case:

☐ 1: Pregnant
☐ 2: Postpartum
☐ 3: Neither
☐ 9: Unknown

51 Date Case Investigation Started

☐ ☐ ☐ ☐ ☐ ☐
Month Day Year

52 Outbreak Related?

☐ Y: Yes
☐ N: No
☐ U: Unknown

53 Epi-Linked?

☐ Y: Yes
☐ N: No
☐ U: Unknown

54 Employed at or Attend Daycare?

☐ Y: Yes
☐ N: No
☐ U: Unknown

55 Employed at or Attend School?

☐ Y: Yes
☐ N: No
☐ U: Unknown

56 Number of Contacts Recommended Antibiotics

☐ ☐ ☐ Range 0-998
999: Unknown

57 Transmission Setting (Where did this case acquire pertussis?)

☐ ☐ 1: Daycare
2: School
3: Doctor's Office
4: Hospital Ward
5: Hospital ER
6: Hosp. Outpatient Clinic
7: Home
8: Work
9: Unknown
10: College
11: Military
12: Correctional Facility
13: Church
14: International Travel
15: Other

58 Setting (Outside household) of Further Documented Spread from this Case

☐ ☐ Use same codes as for Transmission Settings, except:
☐ 7: >1 setting outside household
☐ 16: No documented spread

59 Suspected Source of Infection (if case < 1 year, is another person with suspected pertussis known?)

☐ Y: Yes
☐ N: No
☐ U: Unknown

60 Source's Relationship To Case (if patient < 12 months old)

☐ ☐ 1: Mother
2: Father
3: Sister
4: Brother
5: Neighbor
6: Daycare
7: Grandparent
8: Friend
9: Baby Sitter
10: Other
99: Unknown

61 Source's Age (if patient < 12 months old)

☐ ☐ ☐ 0–120 Years
999: Unknown

62 Number of Residents in Case Household(s)

☐ ☐ 0–98
99: Unknown

63 Weight of Infant at Birth (if patient < 12 months old)

____ lb ____ oz OR ____ kg ____ g

64 Mother's Age at Infant Birth (if patient < 12 months old)

☐ ☐ ☐ 0–120 Years
999: Unknown